

<i>SERFF Tracking Number:</i>	<i>JPFC-127338667</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lincoln National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49553</i>
<i>Company Tracking Number:</i>	<i>AE-249 ETAL</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Endorsements (Beneficiary)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: The Lincoln National Life Insurance Company

Product Name: Endorsements (Beneficiary)	SERFF Tr Num: JPFC-127338667	State: Arkansas
TOI: A10 Annuities - Other	SERFF Status: Closed-Approved-Closed	State Tr Num: 49553

Sub-TOI: A10.000 Annuities - Other	Co Tr Num: AE-249 ETAL	State Status: Approved-Closed
Filing Type: Form	Authors: Tracy Jackson, David Miceli	Reviewer(s): Linda Bird
	Date Submitted: 08/15/2011	Disposition Date: 08/22/2011
		Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/22/2011
	State Status Changed: 08/22/2011
Deemer Date:	Created By: David Miceli
Submitted By: David Miceli	Corresponding Filing Tracking Number:
Filing Description:	
Individual Fixed Annuity Form	
Re: 07-611A, Single Premium Immediate Annuity Insert Schedule Page	
07-611B, Single Premium Immediate Annuity Insert Schedule Page	
AE-249, Contract Amendment	
AE-251, Contract Amendment	

The Lincoln National Life Insurance Company

NAIC No.: 020-65676 FEIN No.: 35-0472300

SERFF Tracking Number: JPFC-127338667 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553
Company Tracking Number: AE-249 ETAL
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Endorsements (Beneficiary)
Project Name/Number: /

Enclosed for your review and approval are final print copies of the above referenced forms, which are new and not intended to replace any form previously submitted to or approved by your Department.

These forms will be available to be added to new issues of Single Premium Immediate Annuity form 07-611 when a Beneficiary uses tax deferred death benefit proceeds (which will be taxed when paid to the beneficiary). 07-611 was approved by your department on July 26, 2007.

The forms will be available for issuance with the contract as follows:

AE-249 & Schedule Page 07-611A will be Issued when the beneficiary is the Owner of this contract and was also a beneficiary for the death benefits proceeds applied to this contract from the prior funding vehicle, and the Owner of the prior funding vehicle was a natural person who had reached their required beginning date at the date of death.

AE-251 & Schedule Page 07-611B will be issued when the beneficiary is the Owner of this contract and was also a beneficiary for the death benefits proceeds applied to this contract from the prior funding vehicle, and the Owner of the prior funding vehicle was a spouse who had not yet reached their required beginning date at the date of death.

AE-249 – This amendment allows Payments to continue to be made until the Payment End Date, at which time Scheduled Payments stop and no further benefits are payable and the contract will terminate.

AE-251 - This amendment allows Unscheduled Payments until the Unscheduled Payment End Date, at which time no Unscheduled Payments may be made.

There is no cost associated with either of these amendments.

Forms AE-249 and AE-251 contain no unusual or controversial features that vary from normal industry standards, and achieves a Flesch Readability Score of 66 and 68. These forms were submitted in our domiciliary state of Indiana and are pending approval.

Your prompt review and approval consideration will be greatly appreciated. Please call me at 800/458-5299, extension 4705 or email me at david.m.miceli@lfg.com if there are questions.

Company and Contact

Filing Contact Information

David Miceli, Manager, Annuity Product Compliance	david.m.miceli@lfg.com
100 N Greene St.	800-458-5299 [Phone] 4705 [Ext]
Greensboro, NC 27401	336-335-2925 [FAX]

SERFF Tracking Number: JPFC-127338667 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553

Company Tracking Number: AE-249 ETAL

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Endorsements (Beneficiary)

Project Name/Number: /

Filing Company Information

The Lincoln National Life Insurance Company CoCode: 65676 State of Domicile: Indiana
 350 Church St. Group Code: 20 Company Type: Insurance
 Hartford, CT 06103 Group Name: State ID Number:
 (800) 458-5299 ext. [Phone] FEIN Number: 35-0472300

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lincoln National Life Insurance Company	\$50.00	08/15/2011	50615508
The Lincoln National Life Insurance Company	\$150.00	08/22/2011	50815793

SERFF Tracking Number: JPFC-127338667 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553

Company Tracking Number: AE-249 ETAL

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Endorsements (Beneficiary)

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/22/2011	08/22/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/18/2011	08/18/2011	David Miceli	08/22/2011	08/22/2011

<i>SERFF Tracking Number:</i>	<i>JPFC-127338667</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AE-249 ETAL</i>		
<i>TOI:</i>	<i>A10 Annuities - Other</i>	<i>Sub-TOI:</i>	<i>A10.000 Annuities - Other</i>
<i>Product Name:</i>	<i>Endorsements (Beneficiary)</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: JPFC-127338667 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553

Company Tracking Number: AE-249 ETAL

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Endorsements (Beneficiary)

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		No
Form	Amendment		No
Form	Amendment		No
Form	Insert Schedule Page		No
Form	Insert Schedule Page		No

SERFF Tracking Number: JPFC-127338667 State: Arkansas
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Company Tracking Number: AE-249 ETAL
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Endorsements (Beneficiary)
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/18/2011
Submitted Date 08/18/2011
Respond By Date 09/19/2011

Dear David Miceli,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$150.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: JPFC-127338667 State: Arkansas
Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553
Company Tracking Number: AE-249 ETAL
TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other
Product Name: Endorsements (Beneficiary)
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/22/2011
Submitted Date 08/22/2011

Dear Linda Bird,

Comments:

This is in response to your concern.

Response 1

Comments: We have submitted the additional filing fee you requested.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$150.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let us know if there is anything further you may need.

Sincerely,

David Miceli, Tracy Jackson

SERFF Tracking Number: JPFC-127338667 State: Arkansas

Filing Company: The Lincoln National Life Insurance Company State Tracking Number: 49553

Company Tracking Number: AE-249 ETAL

TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other

Product Name: Endorsements (Beneficiary)

Project Name/Number: /

Form Schedule

Lead Form Number: AE-249

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AE-249	Policy/Cont Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		66.000	AE-249 - After.pdf
	AE-251	Policy/Cont Amendment ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		68.000	AE-251 - Before.pdf
	07-611A	Schedule Insert Schedule Page Pages	Initial		0.000	A6113A.pdf
	07-611B	Schedule Insert Schedule Page Pages	Initial		0.000	A6113B.pdf

Amendment

This Amendment is a part of the Contract to which it is attached and it takes effect on the Contract Date. This Amendment is subject to the terms and conditions of the Contract unless otherwise stated herein. In the event of a conflict, the terms of this Amendment will govern. This Amendment will terminate upon the termination of the Contract.

As of the Contract Date, the Scheduled Payments will continue to be made until the Payment End Date, at which time Scheduled Payments stop and no further benefits are payable and the Contract will terminate. The Payment End Date is shown on the Contract Schedule Page.

Signed for the Company at its Home Office on the Contract Date.

A handwritten signature in cursive script, reading "Chas A. Brantley". The signature is written in black ink and includes a stylized flourish at the end.

Secretary

Amendment

This Amendment is a part of the Contract to which it is attached and it takes effect on the Contract Date. This Amendment is subject to the terms and conditions of the Contract unless otherwise stated herein. In the event of a conflict, the terms of this Amendment will govern. This Amendment will terminate upon the termination of the Contract.

As of the Contract Date, the Owner may be able to take Unscheduled Payments until the Unscheduled Payment End Date, at which time no Unscheduled Payments may be made. The Unscheduled Payment End Date is shown on the Contract Schedule Page.

Signed for the Company at its Home Office on the Contract Date.

A handwritten signature in black ink, reading "Chas A. Brantley" with a stylized flourish at the end.

Secretary

SCHEDULE PAGE FOR CONTRACT NUMBER: [JP123456789]

Owner: [John Doe]

Owner's Issue Age and Sex: [50 Male]

Contract Date: [August 1, 2011]

Annuitant: [John Doe]

Payment Start Date: [August 24, 2011]

Annuitant's Issue Age and Sex: [50 Female]

Payment End Date: [August 24, 2039]

Payment Day: [24th]

Initial CPI Value: [980]

Payment Mode: [Monthly]

Single Premium: [\$100,000.00]

Initial Reserve Value: [\$100,000.00]

Initial Scheduled Payment: [\$1,000.00]

**Initial Guaranteed Minimum
Scheduled Payment:** [\$1,000.00]

Note: Scheduled payments will be adjusted on each January 1st for any change in the CPI as described in the Scheduled Payment Adjustment provision on Page 8. If an unscheduled payment is made, both the scheduled payment and the guaranteed minimum scheduled payment will be reduced as described in the Scheduled Payments provision on page 8 and the Guaranteed Minimum Scheduled Payment provision on page 9.

This page intentionally left blank.

SCHEDULE PAGE FOR CONTRACT NUMBER: [JP123456789]

Owner: [John Doe]

Owner's Issue Age and Sex: [50 Male]

Contract Date: [August 1, 2011]

Annuitant: [John Doe]

Payment Start Date: [August 24, 2011]

Annuitant's Issue Age and Sex: [50 Male]

**Unscheduled Payment
End Date:** [August 24, 2039]

Single Premium: [\$100,000.00]

Payment Day: [24th]

Payment Mode: [Monthly]

Initial Reserve Value: [\$100,000.00]

Initial Scheduled Payment: [\$1,000.00]

Initial CPI Value: [980]

**Initial Guaranteed Minimum
Scheduled Payment:** [\$1,000.00]

Note: Scheduled payments will be adjusted on each January 1st for any change in the CPI as described in the Scheduled Payment Adjustment provision on Page 8. If an unscheduled payment is made, both the scheduled payment and the guaranteed minimum scheduled payment will be reduced as described in the Scheduled Payments provision on page 8 and the Guaranteed Minimum Scheduled Payment provision on page 9.

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: READCERT Officer.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not needed. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Acturial Memo Comments: Attachment: Act Memo CPI-SPIA 8-11-11 Bracketed rev.pdf		

	Item Status:	Status Date:
Satisfied - Item: SOV Comments: Attachments: 07-611A Variability Statement.pdf 07-611B Variability Statement.pdf		

Arkansas

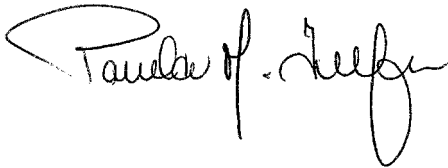
READABILITY CERTIFICATION

Company Name: The Lincoln National Life Insurance Company
NAIC Number: 020-65676

SUBJECT: AE-249 etal

As an officer of The Lincoln National Life Insurance Company I hereby certify that the following form achieves a Flesch score that meets or exceeds requirements as follows:

<u>Form Number(s)</u>	<u>Flesch Score</u>
<u>AE-249</u>	<u>66.00</u>
<u>AE-251</u>	<u>68.00</u>
_____	_____
_____	_____



Pamela Telfer
Vice President, Product Compliance

August 3, 2011
Date

STATEMENT OF VARIABILITY

The Lincoln National Life Insurance Company

NAIC # 65676 FEIN 35-0472300

Form 07-611A , Single Premium Immediate Annuity Insert Schedule Page

The following data has been shown within brackets in the above referenced form for reasons stated as follows:

Page #	Bracketed Item	Explanation
3	Owner	The Owner's Name is based on the person who purchases the policy
3	Owner's age and sex	The Owner's age and sex will based on policyowner who purchased the policy
3	Joint Owner	The Joint Owner, if any, will is based on a second Owner.
3	Joint Owner age and sex	The Joint Owner age and sex is based on Joint Owner, if any.
3	Annuitant	The Annuitant is chosen by the policyowner.
3	Annuitants age and sex	Based on the age of the Annuitant chosen by the policyowner
3	Joint Annuitant	The Joint Annuitant (if any) is chosen by the policyowner.
3	Joint Annuitant age and sex	Based on the age of the Joint Annuitant (if any) chosen by the policyowner
3	Single Premium	Based on the Single Premium paid to purchase the Annuity
3	Contract Date	The date the contract is issued
3	Payment Start Date	The date scheduled payments begin.
3	Payment Day	The day of the month when scheduled payments will be made
3	Payment End Date	The date scheduled payments end.
3	Payment Mode	Can be monthly, quarterly, semi-annual or annual
3	Initial Reserve Value	Is based on the single premium payment made by a contract owner.
3	Initial Schedule Payment	Is based on the single premium payment made by the contract owner.
3	Initial Guaranteed Minimum Scheduled Payment	Will be equal to the initial scheduled payment.
3	Initial CPI Value	The value of the CPI Index on the date the policy is issued

STATEMENT OF VARIABILITY

The Lincoln National Life Insurance Company

NAIC # 65676 FEIN 35-0472300

Form 07-611B, Single Premium Immediate Annuity Insert Schedule Page

The following data has been shown within brackets in the above referenced form for reasons stated as follows:

Page #	Bracketed Item	Explanation
3	Owner	The Owner's Name is based on the person who purchases the policy
3	Owner's age and sex	The Owner's age and sex will based on policyowner who purchased the policy
3	Joint Owner	The Joint Owner, if any, will is based on a second Owner.
3	Joint Owner age and sex	The Joint Owner age and sex is based on Joint Owner, if any.
3	Annuitant	The Annuitant is chosen by the policyowner.
3	Annuitants age and sex	Based on the age of the Annuitant chosen by the policyowner
3	Joint Annuitant	The Joint Annuitant (if any) is chosen by the policyowner.
3	Joint Annuitant age and sex	Based on the age of the Joint Annuitant (if any) chosen by the policyowner
3	Single Premium	Based on the Single Premium paid to purchase the Annuity
3	Contract Date	The date the contract is issued
3	Payment Start Date	The date scheduled payments begin.
3	Payment Day	The day of the month when scheduled payments will be made
3	Payment Mode	Can be monthly, quarterly, semi-annual or annual
3	Unscheduled Payment End Date	The date unscheduled payments end.
3	Initial Reserve Value	Is based on the single premium payment made by a contract owner.
3	Initial Schedule Payment	Is based on the single premium payment made by the contract owner.
3	Initial Guaranteed Minimum Scheduled Payment	Will be equal to the initial scheduled payment.
3	Initial CPI Value	The value of the CPI Index on the date the policy is issued